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**Mayors' Institute on Opioids:
Aligning City, County and State Resources to Address the Epidemic**

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**Case Statement for City of:
Huntington, WV**

City Team:

1. **The Honorable Steve Williams, Mayor**
2. **Cathy Burns, City Manager**
3. **Jan Rader, Fire Chief**
4. **Hank Dial, Interim Police Chief**
5. **Bob Hansen, Director of Addiction Services at Marshall University Joan C. Edwards School of Medicine and Marshall Health**

The purpose of this case statement is to describe the key opportunities and challenges facing each city as it seeks to identify and advance practical, comprehensive solutions to address the opioid epidemic in their communities. This document, and an associated PowerPoint presentation given by each mayor, will provide the basis for discussion at the Mayors' Institute. The case statements will be distributed to faculty and teams from participating cities for review prior to the Mayors' Institute. The case statement is organized into four sections:

1. Desired Results
2. State of Current City Efforts
3. Assessment of Assets and Challenges
4. Mayoral Role
5. Next Steps and Proposed Discussion Questions

Using your responses to the RFP as a guide, please answer the following questions to help you further reflect on your work: strengths, needs, and areas for growth at the intersection of health and the opioid epidemic.

1. Desired Results

What result(s) does the mayor want to achieve by participating in the mayors' institute? How is the desired result(s) connected to the mayor's other priorities?

Huntington is considered the epicenter of the nationwide opioid crisis, with double the national average of overdoses and an estimated 10 percent of the city's population addicted to opioids. Instead of despairing in the magnitude of the crisis, the City of Huntington is undertaking to become the epicenter of solutions to the opioid problem. By naming it, Huntington is owning it, and by owning it, Huntington is developing a course of action. The Mayors' Institute will help

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Huntington define a working model for comprehensive opioid intervention that can be used to assist other cities and communities.

Huntington is engaged in robust collaboration with local and regional entities to develop and implement cutting-edge approaches to harm reduction, addiction prevention, and treatment for opioid abuse. Mayor Steve Williams sees opportunity to leverage these partnerships and refine and scale existing collaborative interventions. Through participation in the Mayor's Institute, Mayor Williams seeks to (1) identify opportunities for more robust data-sharing among treatment providers, first responders, and levels of government, (2) identify funding sources to support and scale existing collaborative efforts, and (3) identify and rectify current barriers to effective collaboration and resource-sharing among the City, County, and State.

Mayor Steve Williams is fully dedicated to tackling the opioid crisis and turning the tide of overdoses and addiction. Enhancing data-sharing practices, developing strategies to fund interventions, and overcoming challenges to effective collaboration between levels of government will directly serve Mayor Williams' priorities. Mayor Williams also seeks to share with other cities the importance of mayoral leadership to maintaining a communal sense of hope during this harrowing crisis. Beyond the policies and practices, maintaining hope within the community is critical to overcoming the challenges of widespread addiction.

What are the current health needs of the target population(s) described in your city's application? How will an intentional emphasis on addressing the opioid epidemic across systems and in collaboration with the county and state impact the target population(s)?

Huntington seeks to improve results for two target populations: (1) women with substance use disorders at high risk for pregnancy and (2) repeat overdose victims. Huntington's two populations of focus have highly intensive health needs, including a need for Medically-Assisted Treatment, treatment of co-occurring disorders, and trauma-informed treatment. Beyond these needs for treatment, Huntington's target populations have intensive needs for services, such as daycare for babies born with neonatal abstinence syndrome and job-training services. Both target populations consist of individuals who are either not aware of or not accessing the treatment and recovery services that are available to them. Effective interventions for these target populations will require an intentional emphasis on addressing the problems across sectors and among levels of government due to the multi-faceted nature of these needs for treatment, social services, and community education.

What data/evidence has the city assembled that informs its understanding of the issue that the Mayor seeks to address? What does the data show about health disparities?

Current data indicates that a staggering 10 percent of the city's population is addicted to opioids. Data from the Cabell-Huntington Health Needs Assessment (CHNA) points to disparities in health outcomes between low-income populations and the rest of the community that contribute to risk factors for addiction. CHNA findings indicate that residents within the Cabell-Huntington Hospital service area experience poorer health outcomes and disparities across nearly all health indicators. Residents have higher incidence and death rates associated with preventable chronic conditions, experience more poor mental health days and substance abuse, and are more likely to die prematurely when compared to their peers across the nation. CHNA participants who

struggled to maintain their health and quality of life identified barriers related to access, culture, depression, pain management, and time, including pressing economic stresses that they felt took precedent over health. The CHNA indicated that neonatal abstinence syndrome is increasing in West Virginia. A report by the National Institutes of Health, National Library of Medicine found that the NAS incidence rate per 1,000 live births increased four-fold from 7.7 in 2007 to 31.6 in 2013. NAS rates are even higher in Huntington.

Huntington has worked with the Huntington Police Department, Cabell-Huntington Health Department, and others to collect data regarding risk factors that lead to NAS births, as well as to map and track repeat overdoses. This data reveals disproportionate rates of addiction and recidivism in areas of the community that lack resources and contend with environmental challenges such as blight and high crime. Huntington seeks to enhance data collection and analysis to drive new interventions for both target populations.

Why is now the right time to further address this issue? Is there a specific opportunity upon which the mayor now seeks to capitalize?

Several major opportunities to take Huntington's opioid efforts to the next level are currently converging, creating urgency for action to address the priorities described above. Specifically, the City of Huntington was recently named one of 35 Champion Cities in the Bloomberg Mayor's Challenge competition. This designation provides Huntington with the opportunity to use \$100,000 to test its idea for addressing compassion fatigue in first responders. Compassion fatigue is directly linked to the target population of individuals with substance use disorders who suffer repeat overdoses. Huntington is currently competing for up to \$5 million to implement this innovative approach to addressing opioid epidemic compassion fatigue among first responders and throughout the community, which will require substantial collaboration across sectors and intensive, data-driven analysis. The Mayors' Institute will help Mayor Williams to capitalize on this opportunity by facilitating an exchange of ideas between Huntington and other cities, prominent researchers, practitioners and other national experts who can refine the city's proposed approach to addressing compassion fatigue.

Further, the City is moving forward with major efforts to enhance economic development that will help to eliminate some of the barriers to health equity.

2. State of Current City Efforts on the Opioid Epidemic

What are the mayor's current priorities in addressing the opioid epidemic and how will your participation in this effort further advance existing priorities?

The Mayor's current priorities include:

- (1) Expanding and enhancing the City's Law Enforcement Assisted Diversion (LEAD) and Quick Response Team (QRT) programs and innovatively integrating the success of these initiatives to serve a dual purpose for addressing compassion fatigue among first responders.

Huntington has activated “Quick Response Teams,” which consist of an addiction counselor, police officer, and paramedic who assist overdose victims until they get into treatment. In coordination with the behavioral health provider Prestera, Huntington embedded its first treatment and referral coordinator, known as the LEAD (“Law Enforcement Assisted Diversion”) Counselor in the Huntington Police Department in May 2017 in response to a lack of capacity to prioritize, triage, evaluate and refer individuals to programs and service following overdose. As the LEAD counselor spent grueling days with first responders who witnessed the importance of her services, they began to open up to her about their own mental health and morale increased. Data indicates that the Quick Response Team and LEAD approach is increasing the number of individuals successfully entering treatment. Huntington seeks to build upon this success and scale the program, while also augmenting the dual-purpose role of the LEAD counselor to serve as a mental health resource for first responders contending with compassion fatigue. Compassion fatigue leads to high turnover and feelings of first responders who suffer from declining empathy as overdose recidivism and harmful community dialogue generate hopelessness.

- (2) Expanding and enhancing the work of Marshall Health on NAS, including housing for women and children and daycare services for babies with NAS.

Marshall's Healthy Connections Coalition headed by Bob Hansen, director of addiction services, is working to establish a comprehensive center that will address the gaps in treatment for babies born addicted to drugs, specifically after they are discharged from the hospital or Lily's Place, a facility that cares for babies with NAS. The program will provide childcare and services to mothers and families through the time the child enters kindergarten. The City hopes to advance this project, as well bolstering interventions to prevent NAS births by providing counseling, services, education, and medical treatment to women at high risk for becoming pregnant while addicted to opioids.

Participation in the Mayors' Institute will further the City's efforts to address these priorities because they are efforts that could be advanced by an exchange of ideas with other communities that face these challenges and experts that study these areas. Several communities are developing approaches for dealing with the repeat overdose problem as well as the growing crisis of NAS births. Huntington hopes to learn from other cities' experiences and to share its own models that have been most successful. Bringing these priorities before this forum may also help Huntington to identify resources to support its LEAD/Quick Response Team program as well as the establishment of a comprehensive center for babies with NAS.

Beyond repeat offenders, the Mayor is also focused on addressing the change of addiction and reducing the number of overdoses on the whole.

What have been the greatest strengths of the city's efforts to date? Conversely, the most significant gaps or weaknesses?

One strength of Huntington's efforts has been its comprehensive approach to addressing the multiple facets of the opioid problem by engaging various sectors of the community. Huntington has achieved national recognition from politicians, filmmakers, and the media for its efforts; raised over \$4.6 million in federal, state, and local grant funding to support its cross-sector

approaches; and managed to maintain and grow a sense of hope during times of true desperation. Data is showing that interventions are working.

One weakness stems from pervasive negative and shameful perceptions within the community toward individuals with substance use disorders. These perceptions generate harmful dialogue that contributes to compassion fatigue and undercuts the City's efforts. The City is working to address this gap through a campaign to change the conversation about addiction in the community to reduce stigma and remove barriers to treatment.

What initiatives, opportunities, barriers or funding streams at the county and/or state level are likely to help or hinder your city's efforts?

State and federal policy pronouncements that fail to account for local context can hinder the City's efforts. For example, needle exchange programs that promote harm reduction are currently under attack within West Virginia. While some controversial approaches to addressing the opioid crisis are not appropriate for all communities, there is need for a productive dialogue to explore the local context in other communities where such programs have been enormously beneficial.

What major challenges is the city likely to face (e.g., budget constraints, competing priorities, other health issues, etc.)?

The decline of coal and manufacturing has left Huntington with high levels of poverty, low-income, blight, unemployment, health disparities, and population loss, all of which contribute to the opioid crisis and constitute added layers of complexity in effectively addressing it. These challenges also contribute to the City's severe budget constraints, which impact its capacity to undertake major projects and interventions.

3. Assessment of Assets and Challenges

Review the key players/stakeholders engaged in this issue (Listed in the RFP). Who is missing? Why is this important?

Huntington's list of stakeholders is quite robust. However, the difficulty of identifying partners who might be missing from the list points to the challenge Huntington faces in effectively managing partnerships, leveraging resources, and improving efficiencies among the swarm of agencies and entities involved across sectors and levels of government. Mayor Williams views this as a musical symphony. Individually, all who are working on the problem are talented, but the result is not as strong unless all are playing the same music with the same goals.

As you think about current gaps and priorities that need to be addressed (from the RFP), what has the biggest impact on health outcomes in your city?

Of the gaps and priorities listed in the RFP, equity has the biggest impact on health outcomes in Huntington. Huntington thrived for decades as a coal-transport and manufacturing hub with nearly 90,000 people living in the city in 1950. But as the economy changed and the coal sector modernized, jobs left. Blight, crime, and environmental challenges befall the community. City

population dropped to under 50,000, and over 30% of people in Huntington now live in poverty. According to U.S. Census data, certain neighborhoods have poverty rates above 50 percent. Residents in these areas struggle to meet daily needs and lack the resources to improve their physical health and mental health outcomes, which can lead to depression and increase risk for drug use and addiction. The median household income in Huntington is \$29,384, compared to \$42,644 in the State of West Virginia, and \$55,322 in the country. Cultural tendencies toward poor diet and lack of exercise compounded by severe economic distress led to a community health crisis. During the boom times of the early to mid-20th century when the factories were humming at full capacity and people with union-wage jobs burned off the deep-fried calories on the loading docks and in front of blast furnaces, the idea of partaking in physical activity outside of work was by and large unheard of. Several Huntington neighborhoods are classified as low-income, low access food deserts. In 2008, the Center for Disease Control gave Huntington the poorest health rating of any metro area in the nation, the Associated Press labeled Huntington as America's fattest, most depressed, and most unhealthy city. Nearly half of the adults in the metropolitan area were obese, and Huntington led in a half-dozen other illness measures, including heart disease and diabetes. Since 2008, Huntington has made remarkable strides in addressing the obesity problem, including through a nationally recognized healthy school lunch program, enhanced opportunities for physical activity, and other citizen-grown efforts to improve health. However, despite this progress, continuing economic distress due to coal and manufacturing decline has intensified the spread of opioid use in Huntington to unthinkable proportions.

To address the opioid crisis and account for the social, economic, and environmental factors that impact health, Huntington must ensure that its strategies prioritize equity and engage the most vulnerable members of the community. This will include redeveloping vacant and contaminated properties into vibrant new uses that bring new jobs; workforce development and job training programs that work with recovered addicts to prepare for productive careers; and a revitalized riverfront, enhancements in walkability, and improved public transit to connect people to jobs and recreational opportunities.

Do you have the resources necessary (financial, people, messaging, other) to be successful and address gaps? What's most needed? Why?

Huntington is ready to expand its successful efforts and introduce new strategies to address gaps, but it needs additional resources and expertise to build toward a solution. Expertise in data sharing, collection, and analysis could help Huntington deploy advanced, data-driven approaches to intervention. New funding sources could help Huntington expand the reach of its programs that have shown success as well as enable the City to build the capacity needed to test new strategies.

Do current efforts bring attention to or act on disparities, recognizing that race, culture, education, employment and socioeconomic status have major impacts on outcomes and opportunities for vulnerable populations?

Huntington's current efforts act on disparities and recognize that race, culture, education, employment and socioeconomic status have a major impact on outcomes and opportunities for vulnerable populations. Huntington is underway with several major economic development

efforts that prioritize engagement and empowerment of vulnerable people. These efforts leverage and complement Huntington's opioid interventions by removing economic barriers to health. Huntington is working to address environmental justice challenges associated with shuttered factories and abandoned properties in its distressed neighborhoods, which are linked with higher rates of crime, poorer health outcomes, and higher risk for addiction. Huntington's opioid efforts are also geared toward treatment that uses strategies such as job training, probation, and diversion of non-violent offenders from prison when appropriate to promote employment, reduce recidivism, and facilitate the return of former addicts to life as productive, vibrant members of society. Huntington is also working to encourage policies that enable individuals who emerge from treatment to obtain jobs.

4. Mayoral Role

How does the mayor view his/her role in this issue and why? (i.e. catalyst, convener, champion, partner, funder, etc.)?

Mayor Steve Williams understands his role and the role of the Mayor's Office of Drug Control Policy to be establish the vision, coordinate efforts, resolve issues, and identify new solutions to existing problems. The Mayor's Office serves as a hub for community-led health interventions, while leaders from a cross-section of core partners form a team of "usual suspects" who utilize their diversity of geography and interests to engage residents in targeted task forces that form the "spokes" of the partnership strategy. This strategy enables residents to cross-pollinate ideas and approaches in several key areas that address economic and health-disparities that impact risk for addiction, including healthy food access, physical activity, healthy housing, environmental justice, and population health.

Under Mayor William's leadership, the City has applied for and received several major grants that directly support efforts to address the opioid epidemic. In addition to \$650,000 in BJA FY 17 Second Chance Act Reentry Program for Adults with Co-Occurring Substance Abuse and Mental Disorders to support Turn Around, a pilot program initiated in the Western Regional Jail to identify/assess convicted misdemeanors with co-occurring mental health/substance use disorders for criminogenic risk & need factors using evidence-based practices; the \$300,000 in BJA FY 17 Comprehensive Opioid Abuse Site-based Program grant funding and \$1,050,000 in Empowered Communities for a Department of Health and Human Services Healthier Nation Initiative funding to implement an integrated community quick response team (QRT) approach for supporting overdose victims; and the \$643,716 in BJA/SAMHSA Joint Adult Drug and Treatment Court funding to support the launch of the Women's Empowerment and Addiction Recovery (W.E.A.R.) program in the fall of 2015, the City has sought and received several grants focused on addressing the economic distress that is a key underlying factor in the opioid epidemic. In 2015, Huntington won a US EPA Brownfields Area-Wide Planning grant to engage residents and stakeholders in charrettes to inform a plan for addressing environmental contamination in one of the City's poorest neighborhoods. In 2017, Huntington won the \$3 million grand prize in the America's Best Communities (ABC) competition for engaging the community in creating and executing an ABC Plan focused on: transforming old industrial sites in distressed neighborhoods; launching an innovative workforce training hub; creating a Health

Innovation Corridor around Cabell-Huntington Hospital, and deploying gigabit speed broadband throughout the city.

Through facilitating partnership, convening stakeholders, and securing funding for City-run, community-led, and partnership-led interventions, Mayor Williams is working to stop the disease, put up a firewall, stop the cycle, and give hope and opportunity for a productive life.

What assets (research/data, partners, communications, civic engagement, etc.) would most help the mayor better address health outcomes in your city?

State, federal, and philanthropic funding sources that are available to local governments to advance treatment and support the growth of the LEAD/Quick Response Team model would most help the mayor to better address the opioid crisis. In addition, expertise and resources for adopting cutting-edge, data-sharing approaches could help Huntington to achieve better health outcomes through 1) identifying data needs that can help pinpoint at-risk individuals for becoming pregnant while addicted to drugs and individuals at high risk for repeat overdose as well as environmental factors that contribute to this risk; 2) developing data collection protocols for a shared-data repository that will allow partners to better analyze patterns of behavior and community hotspots where intervention efforts should be focused; and 3) implementing evidence-based services and activities that will result in reduced NAS births and repeat overdoses.

5. Next Steps and Proposed Discussion Questions

What needs to happen to improve health outcomes in your city, both in the short and long term?

In the short term, Huntington needs to gain control of the spread of addiction and ensure that victims of overdose are aware of and engaging with the referral, treatment, and recovery resources available to them. In the long term, Huntington needs to remove the social, economic, and environmental barriers to health that are contributing to health disparities and high rates of addiction.

What specific questions or concerns does the Mayor want to address at the Institute? Please list at least 3-4 discussion questions for consideration by faculty and peers.

Funding:

- How do we engage policymakers and funders at all levels to make more funding available directly to local partnerships for place-based interventions to address the opioid crisis?

Compassion fatigue:

- Are other communities experiencing the challenge of compassion fatigue? How are you addressing that challenge? What do you think of our strategy to (1) launch a campaign to change the conversation around the disease of addiction and remove stigma to reduce barriers to treatment and improve morale among first responders and community members and (2) embed mental health professionals in emergency response departments to serve the dual purpose of treatment and referral coordinators for overdose victims and trusted mental health resources for first responders?

- How can we as mayors foster a sense of hope and opportunity in our communities that are dealing with the horrors of this epidemic every day?

Data-sharing:

- What are best practices for developing, implementing, and sustaining data-sharing infrastructure and protocols that inform targeted interventions (including for women at high risk of pregnancy while addicted to drugs and individuals at high risk for repeat overdose) while protecting the privacy and security of personally identifiable data and respecting the rights of individuals and community groups?

Quick Response Teams:

- What successes/challenges have other communities experienced in deploying Quick Response Teams?